

| POSITION                  | INITIALS | ID NO. | DATE    |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION         | HL       |        | U-30-01 |
| O.I.P.E. CLASSIFIER       |          |        |         |
| FORMALITY REVIEW          | FR       | 706    | 6-26-01 |
| RESPONSE FORMALITY REVIEW |          |        |         |
|                           |          |        |         |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim          | Date    |
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| Final Original |         |
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| Claim          | Date    |
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| Final Original |         |
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| Claim          | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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H.S.  
6.26.01